

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014437

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

317

Primary Registration District No.

541

Registrar's No.

991

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 11 1963

1. PLACE OF DEATH
a. COUNTY

St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ClaytonLength of stay in Tb
DOAc. CITY
OR TOWN WellstonInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis County HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
6418 Derby Ave.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Lowell

Middle Cloe

Last Stuart

4. DATE OF DEATH
Month March Day 19 Year 19635. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
9/1/18969. AGE (last birthday)
66IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Tool Grinder10b. KIND OF BUSINESS OR INDUSTRY
Emerson Electric11. BIRTHPLACE (City and state or country)
Shelby Co., Mo.12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

James Stuart

13b. MOTHER'S MAIDEN NAME

Elizabeth Vandiver

14. NAME OF HUSBAND OR WIFE

Nina Jane Stuart

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Nina Stuart, 6418 Derby Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Natural causes, probably coronary

INTERVAL BETWEEN
ONSET AND DEATH
UnkConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her
him alive on _____
Death occurred at 6:53 A.M. _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

3/27/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)23b. DATE
3-22-6323c. NAME OF CEMETERY OR CREMATORY
Leonard City Cemetery23d. LOCATION (City, town, or county)
Leonard, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hayes Funeral Home, Shelby, Mo.

25. DATE RECD. BY LOCAL REG.

3-22-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Larry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.